

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2						
3						
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27	1					
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39						
40	1					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	3					
TOTAL DEF.	45					
TOTAL	48					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
63						
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100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						

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